

**CHARLES COUNTY SHERIFF'S OFFICE RETIREMENT PLAN**  
**ELECTION TO PARTICIPATE IN DEFERRED RETIREMENT**  
**OPTION PROGRAM**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have read and understand the attached summary of the Deferred Retirement Option Program ("DROP") offered under the Charles County Sheriff's Office Retirement Plan.

I elect to participate in DROP as of \_\_\_\_\_  
[Insert the first day of the month of DROP participation]

Attached is a binding letter of resignation from my employment with the County effective as of \_\_\_\_\_  
[Insert date of resignation: no earlier or later than five years from the date of election to participate in DROP]

I understand that this election may be revoked by me only in writing and is irrevocable following the effective date of my participation in DROP.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant's Signature

Date: \_\_\_\_\_

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Verified by DROP Coordinator: \_\_\_\_\_

Date Received: \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_

Normal Retirement Date: \_\_\_\_\_

Signature of DROP Coordinator: \_\_\_\_\_